

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
DIVISION

US DISTRICT COURT  
WESTERN DIST ARKANSAS  
FILED

Preston Bray Curnett  
(Enter above the full name of the plaintiff  
in this action.)

Prisoner ID No. 165671  
(Do Not Put Your Social Security Number)

JAN 23 2020

DOUGLAS F. YOUNG, Clerk  
By \_\_\_\_\_  
Deputy Clerk

V. CASE NO. 6:20-cv-06003-RTD-MEF

Shiquille Brown  
Seargent Delaney

Jury Trial: Yes  No \_\_\_\_\_  
(Check One)

Arkansas Department of Correction  
(Enter above the full name of the defendant,  
or defendants, in this action.)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No \_\_\_\_\_

- B. If your answer to A is yes, describe each lawsuit in the space below including the exact plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

I. Parties to this lawsuit

Plaintiffs: Preston Bray Curnett

Defendants: Quachita Correctional Facility

2. Court (if federal court, name the district; if state, name the county):

Pulaski County Civil Claims Court

3. Docket number: No. 19-0674-CC

4. Name of judge to whom case was assigned: NA

5. Disposition (for example: Was the case dismissed? Was it appealed?  
Is it still pending?) Dismissed

6. Approximate date of filing lawsuit: November 2018

7. Approximate date of disposition: March - April 2019

(Updated 7/2019)

II. Place of Present Confinement: Vaiper Super max

III. There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes  No \_\_\_\_\_

B. If your answer is YES, Attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT. If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name: Preston Thay Curnett

Address: P.O. Box 600, Grady, AR 71644

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1.

Full Name: Snaquille Brown

Position: Sgt. (Sargent)

Place of Employment: Quachita River Correctional Unit

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Defendant #2

Full Name: Sergeant Delaney

Position: Sergeant

Place of Employment: Quachita River Correctional Unit

Address: \_\_\_\_\_  
\_\_\_\_\_

3. Defendant #3

Full Name: Arkansas Department of Correction

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

4. Defendant #4

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If you need more space for additional Defendants, list the additional Defendants on another piece of paper, using the same outline.

V. At the time of the alleged incident(s), were you:  
(check the appropriate blank)

- in jail and still awaiting trial on pending criminal charges  
 serving a sentence as a result of a judgment of conviction  
 in jail for other reasons (e.g., alleged probation violation, etc.)

Explain: I am currently in Prison serving a 6 year sentence  
on a Battery 2nd charge, that was ran consecutive to a  
Please provide the date of your conviction or probation or parole revocation: 3 year sentence.

July 7th, 2016.

**VI. Statement of Claim**

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

**Claim Number # 1:**

Type of Claim (for example, excessive force, denial of medical care, etc.):

See attached

Date of the Occurrence: \_\_\_\_\_

Name of Each Defendant involved: \_\_\_\_\_

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #1 and any harm caused by it.

With regard to Claim #1, are you suing Defendant(s) in his or her: (check the appropriate blank)

official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).

both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

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Claim Number # 2:

Type of Claim (for example, excessive force, denial of medical care, etc.):

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Date of the Occurrence: \_\_\_\_\_

Name of Each Defendant involved: \_\_\_\_\_

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Describe the acts or omissions of the Defendant(s) that form the basis for Claim #2 and any harm caused by it.

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With regard to Claim #2, are you suing Defendant(s) in his or her: (check the appropriate blank)

- official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).
- personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- both official and personal capacity

**If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.**

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**Claim Number # 3:**

Type of Claim (for example, excessive force, denial of medical care, etc.):

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Date of the Occurrence:

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Describe the acts or omissions of Defendant(s) that form the basis for Claim #3 and any harm caused by it.

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With respect to Claim #3, are you suing Defendant(s) in his or her: (check the appropriate blank)

- official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).
- personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

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If you need more space for more claims, list the additional claims on another piece of paper, using the same outline.

VII. Relief

If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:

- Compensatory damages (designed to compensate persons for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights)
- Punitive damages (designed to punish a defendant for engaging in misconduct and deter a defendant and others from engaging in such misconduct in the future)

State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

See attached

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this 20<sup>th</sup> day of January, 2020.

Preston Curnett  
Printed Name of Plaintiff

  
Signature of Plaintiff

- Statement of Claim (page 1 of 2)
1. Defendants herein are sued in individual and official capacity for violation of the Rights of Plaintiff under 5th, 8th, and 14th Amendment to the United States Constitution.
  2. Whereas on January 10th, 2018 Plaintiff was physically assaulted by Sgt. Shaquille Brown at the Ouachita River Correctional Unit (ORCU) of the Arkansas Dept. of correction.
  3. The Plaintiff was also racially discriminated against after said Assault by Sgt. Shaquille Brown.
  4. Whereas, on January 25th, 2018 Plaintiff filed a grievance at the ORCU Pursuant Policy about the Altercation with Sgt. Brown, to Sgt. Delaney (Problem Solver at ORCU). (Copies were given to Detective from State Police who investigated the Assault).
  5. On January 29th, 2018 (Before Step one of the above mentioned Grievance was responded to) Plaintiff was transferred to the Varner Supermax of Arkansas Dept. of correction.
  6. Never receiving a response (for 30 days), to grievance, the Plaintiff filed another Grievance dated 2-21-18 about Sgt. Delaney's failure to ensure the Step one was mailed to Plaintiff.
  7. This Grievance was Signed by Sgt. King # 90823 and Step one response was that "no grievance had been entered per. Eomis."
  8. Plaintiff believes this was a deliberate attempt by Sgt. Delaney to Circumvent the Exhaustion of Administrated Remedies for the Assault by his coworker Sgt. Brown.
  9. VSM Grievance Officer responded to Step two by saying "This is not VSM's Problem."

10. Finally, on 8-31-18 Plaintiff again attempted to grieve the incident and was once again impeded by assertion that the grievance was "unfounded" by issuance officer F. Gordon.
11. Whereby, The Plaintiff had no other remedies available at an administrative level and pursues claim herein after completely exhausting all available administrative remedies.
12. Plaintiff prays that meritorious claim herein be redressed accordingly.

I swear under Penalty of Perjury the foregoing is true and correct to the best of my knowledge, understanding and belief this 20 day of January 2020.

Preston Curnett

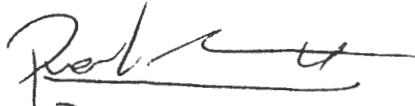
Preston Curnett

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(Relief)

Plaintiff herein Requests the following Relief be granted in Redress of these claims.

1. \$ 500,000<sup>00</sup> (Five hundred thousand dollars) Compensatory Damages for injury and Possible future medical Expenses / Pain and Suffering.
2. \$ 250,000<sup>00</sup> (Two-hundred fifty thousand dollars) Punitive Damages to ensure other prisoners are not assaulted and/or Impeded from Extracting administrative remedies and Pursuing Civil Rights.
3. Declaration that the Assault by Sgt. Brown and denied due Process by Sgt. Delaney and ADC administration in failing to Process Grievance were in violation of the 5<sup>th</sup>, 8<sup>th</sup>, and br 14<sup>th</sup> Amendment of United States Constitution.
4. Injunctionary Relief in the form of transfer to a Work Release Facility unit until my release OR Transfer from the Arkansas Department of Correction to Arkansas Community Correction Supervision (Parole).

I swear under Penalty of Perjury the foregoing is true and correct to the best of my knowledge, understanding and belief this 20<sup>th</sup> day of January 2020.



Preston Curnett

**UNIT LEVEL GRIEVANCE FORM(Attachment I)**Unit/Center Varner Super maxName Preston CurnettADC# 165671 Brks # Cell blocks Job Assignment 18 months2-21-18 (Date) STEP ONE: Informal Resolution Program

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

2-27-18 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The grievance officer stated, "it was not varner's problem. I have a copy of original gri

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 1-25-18, I, Preston Curnett

# 165671, filed a grievance at the malvern unit, OPHU, on an altercation that happened on 1-10-18. On 1-29-18, I was transferred to Varner super max. I have been waiting to get my response from Sgt. Delaney of the OPHU personnel, in the mail. It is detrimental to my lawsuit that I receive it and put in the step two process. I have not been able to pursue my grievance because I have not received the step one answer. This is in violation to my rights and will be noted on my lawsuit against ADC.

*Rust 111*

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 02/21/18 (date), and determined to be Step One and/or an Emergency GrievanceNo (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:*Sgt. Kip*

#90823

*W.Kay*

Date

*02/24/18*

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates: *According to EOMIS a grievance has Not been entered. G.T. 2/27/18*

Date Received

*Untimely*

RECEIVED

SEP 12 2018

4/C/C 3

8/20 (VSM)

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center WardName Preston BurrittADC# 11051671 Brks # DB SCS Job Assignment ProgramUNIVERSITY OF  
GRIEVANCE OFFICE

FOR OFFICE USE ONLY	
GRV. #	9-12-18
Date Received:	9-12-18
GRV. Code #:	803

8-31-18 (Date) STEP ONE: Informal Resolution

4/M/R (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The issue is still open.The department of discrimination

, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): This situation is being handled by the department of discrimination and facial issues per section 503.2 subsection D which states: All administrators and staff will be equal to complainants from and by not discriminating, and shall be active in investigating any such complaint and in taking remedial action.In knowing ID 2018 P was intact jump on by Sgt. Brown at the Elsinore County Correctional Facility. I feel and believe that this act done by government officials was a bias act and has led to Mr. Smith being intact discriminated against, due towards my race, creed, and color, causing such affect by government employees.

Inmate Signature

August 31, 2018

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance \_\_\_\_\_ (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date

09-05-18

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on 09-11-18 (date), pursuant to Step Two. Is it an Emergency? N (Yes or No).Staff Who Received Step Two Grievance: Warden Date: 09-11-18Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.**

Drestan Curnett #11650671

P.O. Box 600

Grady, AR 71644

Legal Mail

ISSUE

01/20/20 - 01/26/2020